



ORIGINAL



7th CRM: Gujarat

Key Findings from Distt. Dang and Valsad



7th CRM: Gujarat Team

- **Dr. Dinesh Baswal**
- Ms. Kavita Singh,
- Dr Saurabh Goel,
- Dr Sarang P
Pedgaonkar,
- Dr DSA Karthickeyan
- Dr. Rajesh Narwal,
- Ms. Manju Singh,
- Mr. M.M. Manna
- Dr Anil Kashyap,
- Dr Suresh,
- Dr. Ankur Yadav,
- Dr. Shailesh,
- Ms. Astha,
- Dr Shiv Shankar Kumar,
- Dr Jatin Dhingra,
- Ms. Safia Haque &
- Mr. Subhash Chand
Khatri

Maternal Health

- Good Practices: **Mobile Mamta Divas**- Filling up local Gaps, **Mamta kit** to ensure institutional deliveries and 48 hours stay, **Mamta Sakhi** - Birth Companion Initiative
- Drop-back by – **Khilkhilat**- Old 108 Vehicles used for the purpose

Issues:

- **No BEmoC & CEmoC facility** in Dang; For Valsad: 30% Gap in BEmoC and no CemoC facility
- **Low Public institution deliveries** - Valsad-26%
- Non performing Multi skilled doctors- 43% in LSAS and 50% in EmoC

ANC

- Quality of ANC being compromised; issues in BP measurement, IFA distribution
- **Line Listing of pregnant anaemic mother not done**

JSY:

- **High percentage of home delivery** at some places is a concern e.g. PHC/SC Pipalhada, - 78% home deliveries
- **Delayed payment to beneficiaries** (ranges from 2 months to 6 months), Rs. 700 to all JSY beneficiaries before delivery

JSSK:

- Implemented across the districts, satisfactory implementation of free food and drugs
- **Hiring of private vehicles** reported by beneficiaries, No robust institutional mechanism for grievance redressal under JSSK

MDR:

- **Maternal deaths under reported** in Valsad, Only facility based review being performed, DM's role in the review is sub-optimal

Child Health & Immunization

Good Practices:

- Implementation of **Kangaroo mother care practice**
- **Bal Sakha Yojana**- PPP Model; private pediatricians or trust hospitals providing free newborn care services to BPL and Tribal families
- Satisfactory level of knowledge about Pentavalent vaccine open vial policy

Issues:

- Special new born care unit (SNCUs) protocols not being followed
- **Full immunization coverage decreasing** consistently for the past two years in both distt.
- Issues with **Cold Chain management**- found non functional temperature **monitor** of ILR at DH and PHC, Dang

Family Planning :

Good Practice

Operationalisation of Fixed Day Static (FDS) services for sterilization up to DH/FRU level in the State

Issues:

- **Very high Unmet need of family planning** (Dang - 26% & Valsad – 20.4%) compared to State average of 16.5%
- Training on PPIUCD not picked up

HMIS & MCTS

Good Practice:

- Facility Level reporting in both districts

Issues:

- Suboptimal data quality and its usage in planning and management of programme
- Various formats of MIS systems, unorganised record keeping at Sub Centres, incomplete recording of referral cases

General Health services

Good Practice:

- Screening of Sickle Cell Anemia

Issues:

- Huge HR Gap – Valsad (MOs)- 47%, Dang (Mos)- 70%
- Non adherence to STGs - Critical patients treated at lower level of facilities
- There is no significant improvement in the inpatient services in both districts since last two years
- Under utilization of Mobile Medical Units in Dang - Average 20 Patients per day and Diagnostic tests conducted – 11 per month

Infection Control

- Compromised Biomedical Waste Management practices

RNCTP:

- The overall program performance of the state is satisfactory
- TB-Diabetes collaborative activities undertaken in 6 districts

NLEP:

Good Practice

- Active case finding activity initiated last year - Annual New Case Detection Rate (ANCDR) increased from 62 to 141

Community process:

Good Practice

- Well established Panyatha Raj Institutions system

Issues:

- 33% gap observed in selection of ASHA in Dang district
- Weak Support system for ASHA
- Nischay Kit - not available from last three months in distt. Dang

Medicines & Equipment

Good Practices

- The policies and system are in place for free essential drugs
- The Essential Drug List displayed at all facilities

Issues:

- Essential medicines like inj. MgSo₄, Iron and Folic Acid Syp. & Tab., Syp. Salbutamol, Salbutamol nebulising solution - not part of facility EDL
- Non availability of drugs notified in the EDL and over stock at some places
- Weak System of monitoring distribution mechanism, Poor Stock and Inventory management

Governance and Management

- Weak Supportive Supervision

Urban Health

- Launched in a phased manner in 2011
- Completed GIS mapping of Primary Health care facilities and urban slums in 71 cities

Financial Management

- Cash based double entry accounting system adopted for Accounts of State Health Society and District Health Society, tally implemented
- Tally not implemented in Visited districts and sub districts hospitals ,CHC and PHCs

Recommendations

- Saturation of DH and CHC with the specialist and multi-skilled staff on priority basis
- Training should be conducted all the level .
- Training modules for Poisoning, Snake bites and counselors for Sickle Cell Anemia, for ASHA facilitators
- Skill assessment of ANMs and development of training plan
- Follow up of Iron Sucrose needs to be strengthened
- Launch of National Iron Plus Initiative & Weekly Iron Folic acid Supplementation program
- State to ensure all the RMNCH+A components at their existing PHCs, CHCs and DH
- EDL needs to be revisited as per the package of services
- Home Based Newborn Care training for ASHAs on priority basis
- **Intersectoral Coordination – Education ,Transport, Communication, Bank ,Water, Sanitation, PWD .Labour dept - needs be strengthen .**

Thank you